Creating Safety

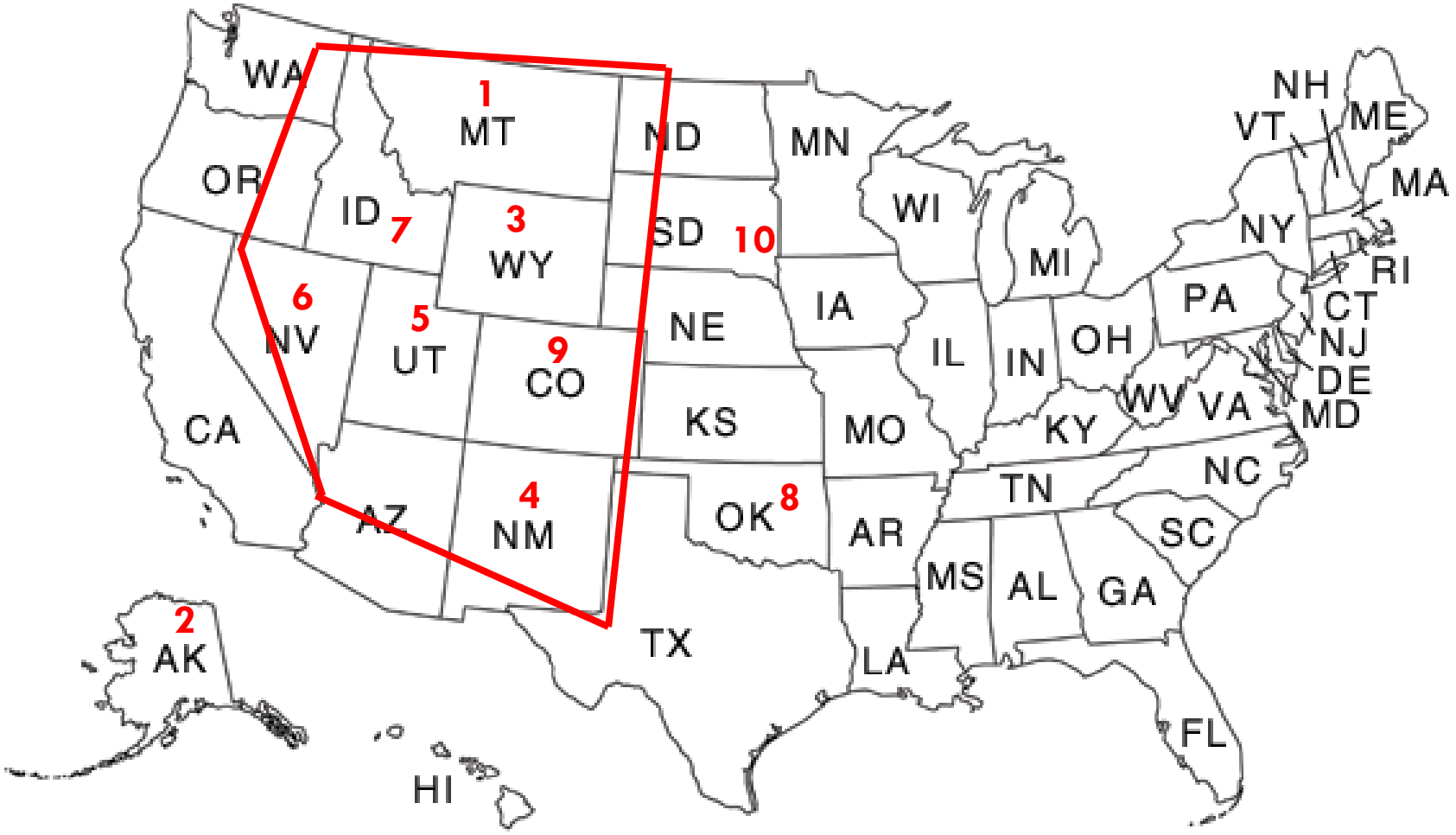
DURING A SUICIDAL CRISIS

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

How many people died by suicide in Utah in 2016?

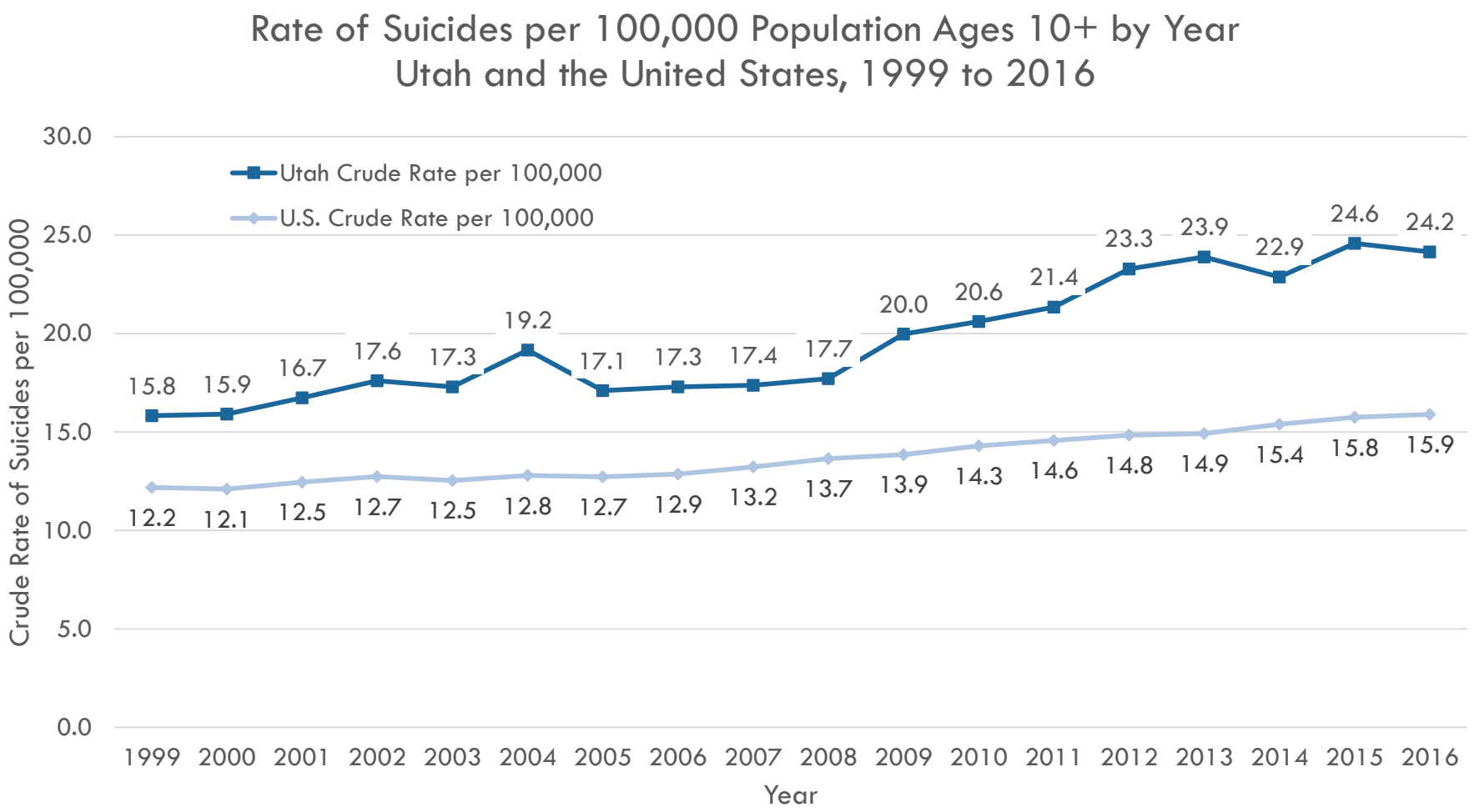
Data Source: Utah Violent Death Reporting System, Utah Department of Health Violence and Injury Prevention Program

UTAH RANKS 5TH IN THE NATION



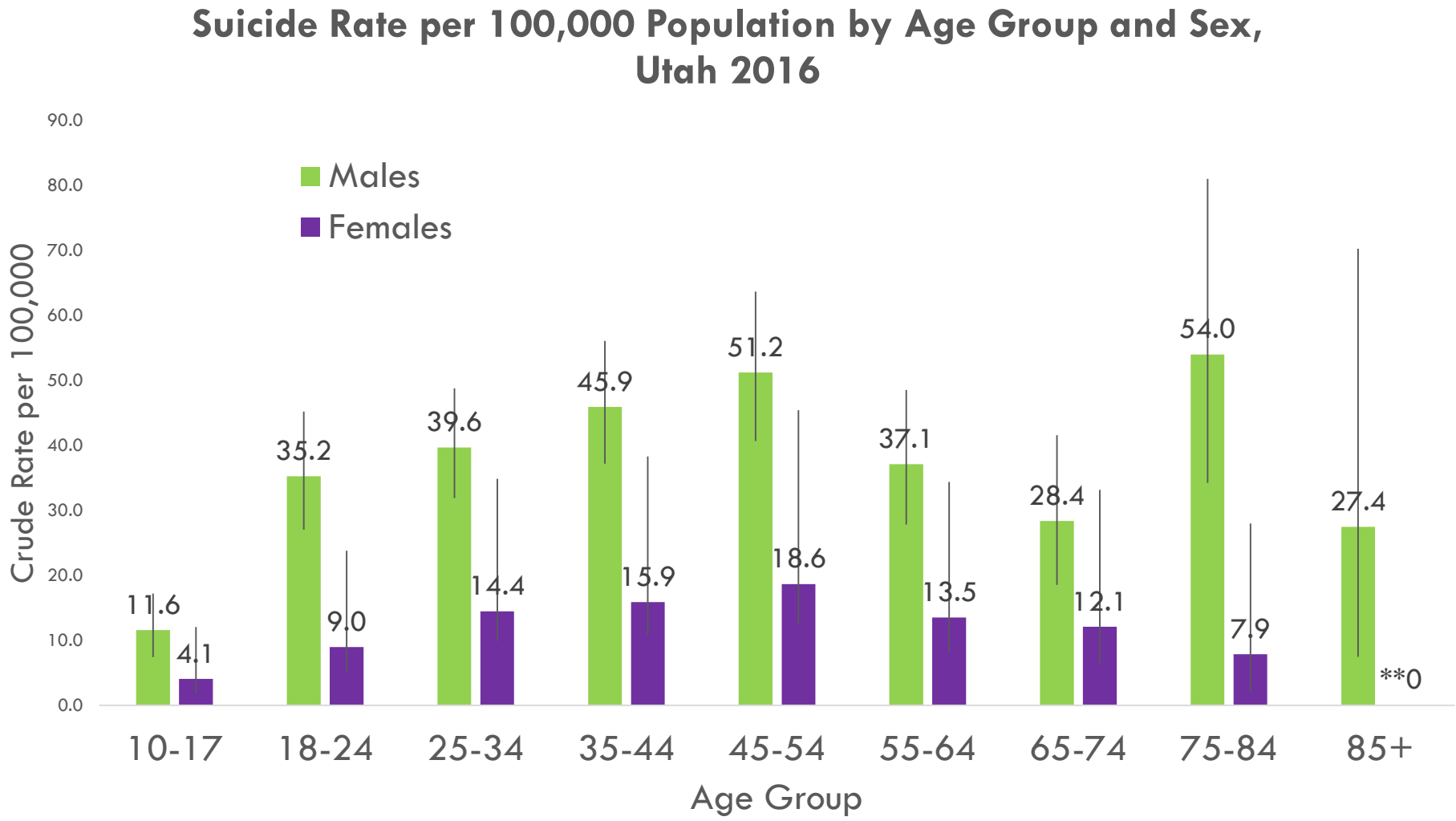
Data Source: WONDER 2016 Suicide Fatality Rates ages 10+

UTAH AND U.S. SUICIDE TREND



Data Source: Utah Death Certificate Database, U.S. Centers for Disease Control and Prevention (IBIS and CDC WISQARS)

SUICIDE RATE BY AGE GROUP AND SEX



Data Source: Utah Death Certificate Database, Utah Department of Health

SUICIDE AND OLDER ADULTS IN UTAH

“The corollary, more positive, statistic, the one that is not articulated often enough, is that among all those millions who actively consider suicide, less than one in every 10 make an attempt on their own lives. And, of those, only a minority ever go on to die by suicide. This means that, in every community in the country, in every part of the world, **we are living among people who have faced the worst of personal pain and doubt and have come through them to better lives…**

Why is there so little in the public sphere about their trials, triumphs and truths? And what might they say if they did not need to fear judgment, scrutiny and stigma?”

- Eduardo Vega, President and CEO, Dignity Recovery Action! International

https://www.huffingtonpost.com/entry/the-most-important-truth-about-suicide-is-the-one-youve_us_594aebc2e4b062254f3a5b4b

"They might tell you something that I've heard from hundreds of survivors, that I lived myself – the truth that, **for many, going through struggles with suicide completely transforms their lives for the better…**

…For millions out there, the experience of wanting to die, the most intensely painful moments or even years with thoughts and feelings of suicide, have been the **crucible of personal transformation through which their greatest strengths and purpose were revealed.** But sharing this knowledge in order to encourage others rarely happens, and when it does it has usually been in whispers."

- Eduardo Vega, President and CEO, Dignity Recovery Action! International
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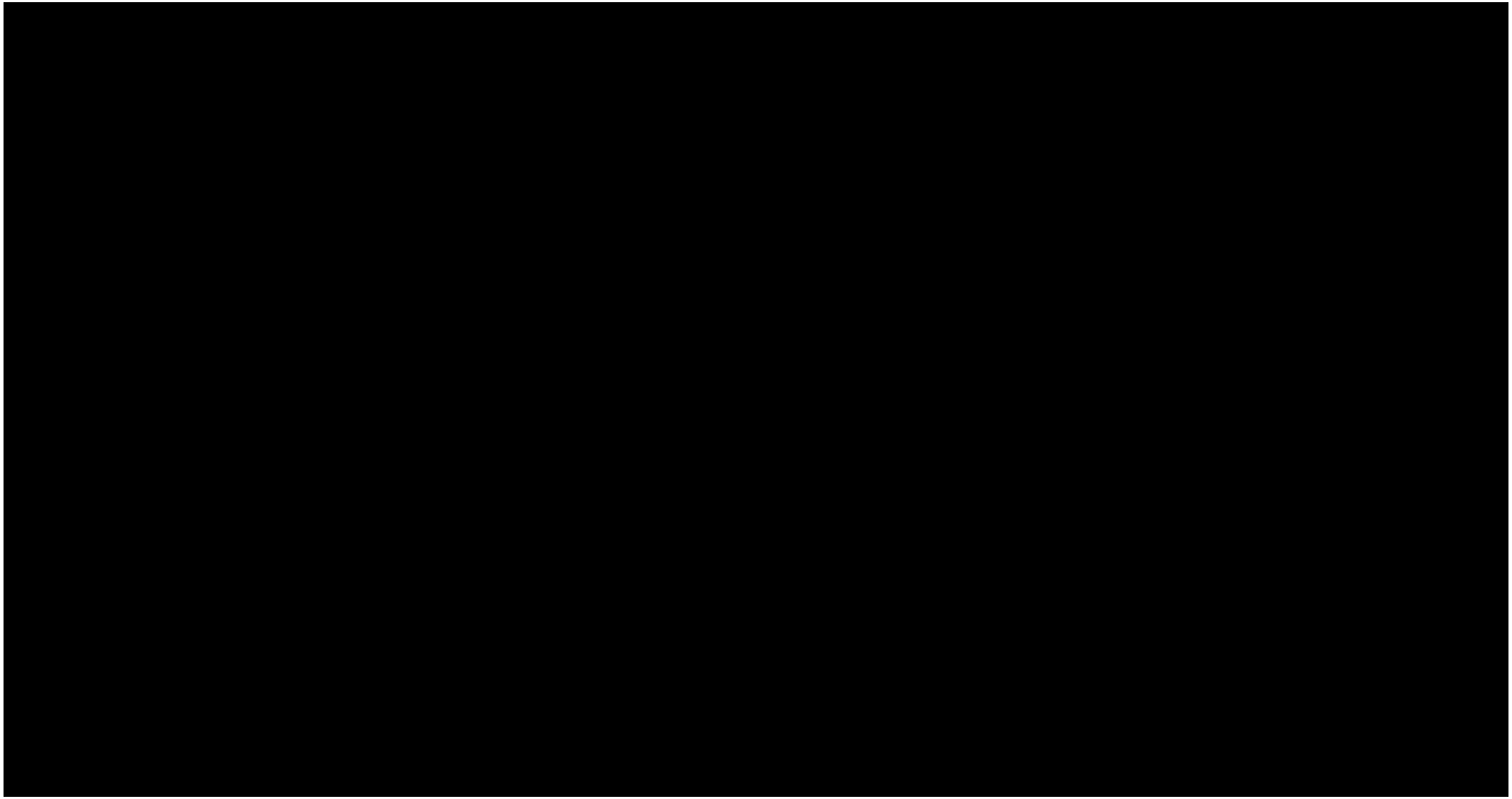


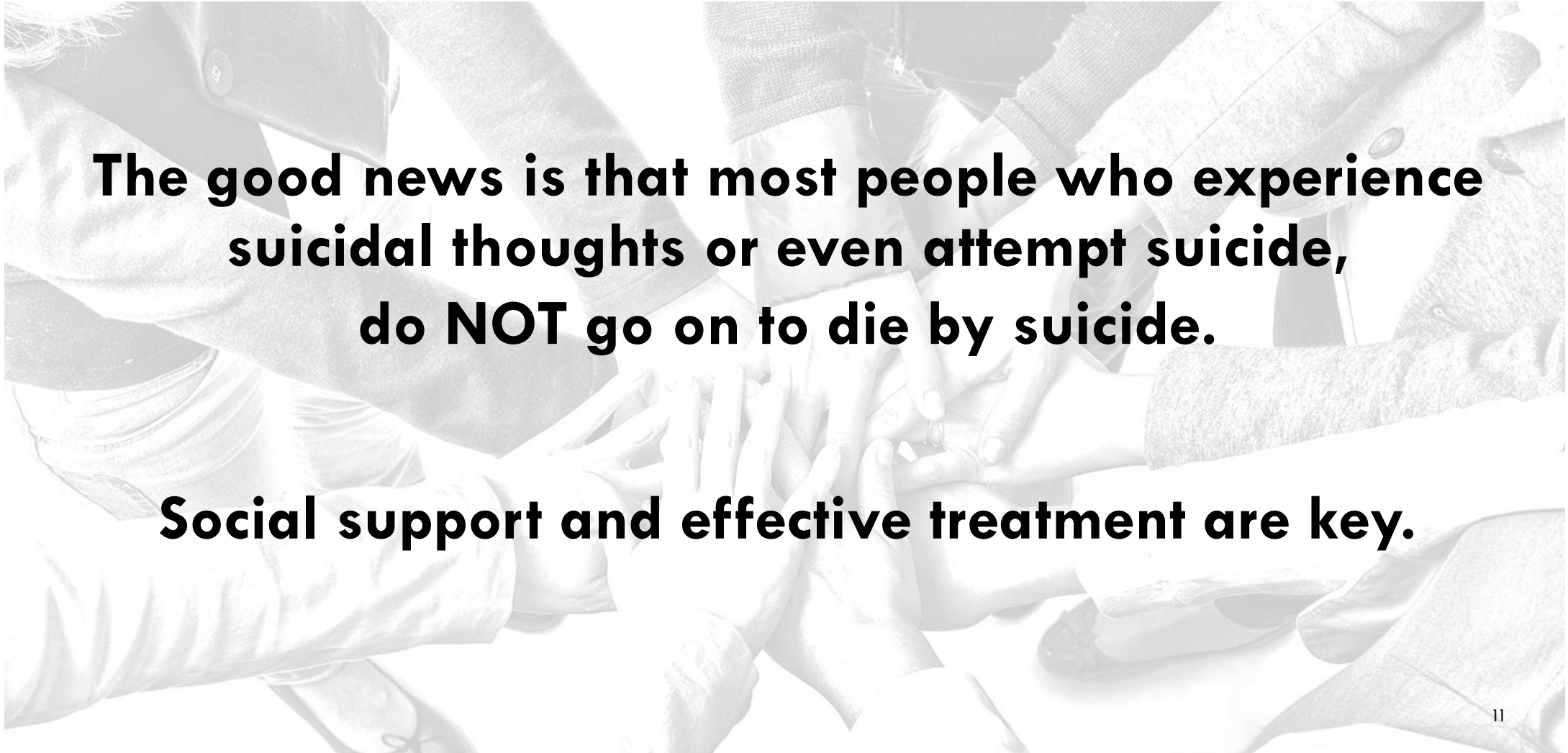
UNDERSTANDING SUICIDE

In general, if a person is suicidal it does not actually mean they want to die. It simply means they want to end unbearable physical or emotional pain, or find a solution to an inescapable problem.

Because of this, most people experience intense uncertainty about suicide. A part of the person may still be hopeful or connected to people, pets, or purpose in life.

We can help them reconnect to those reasons for living.

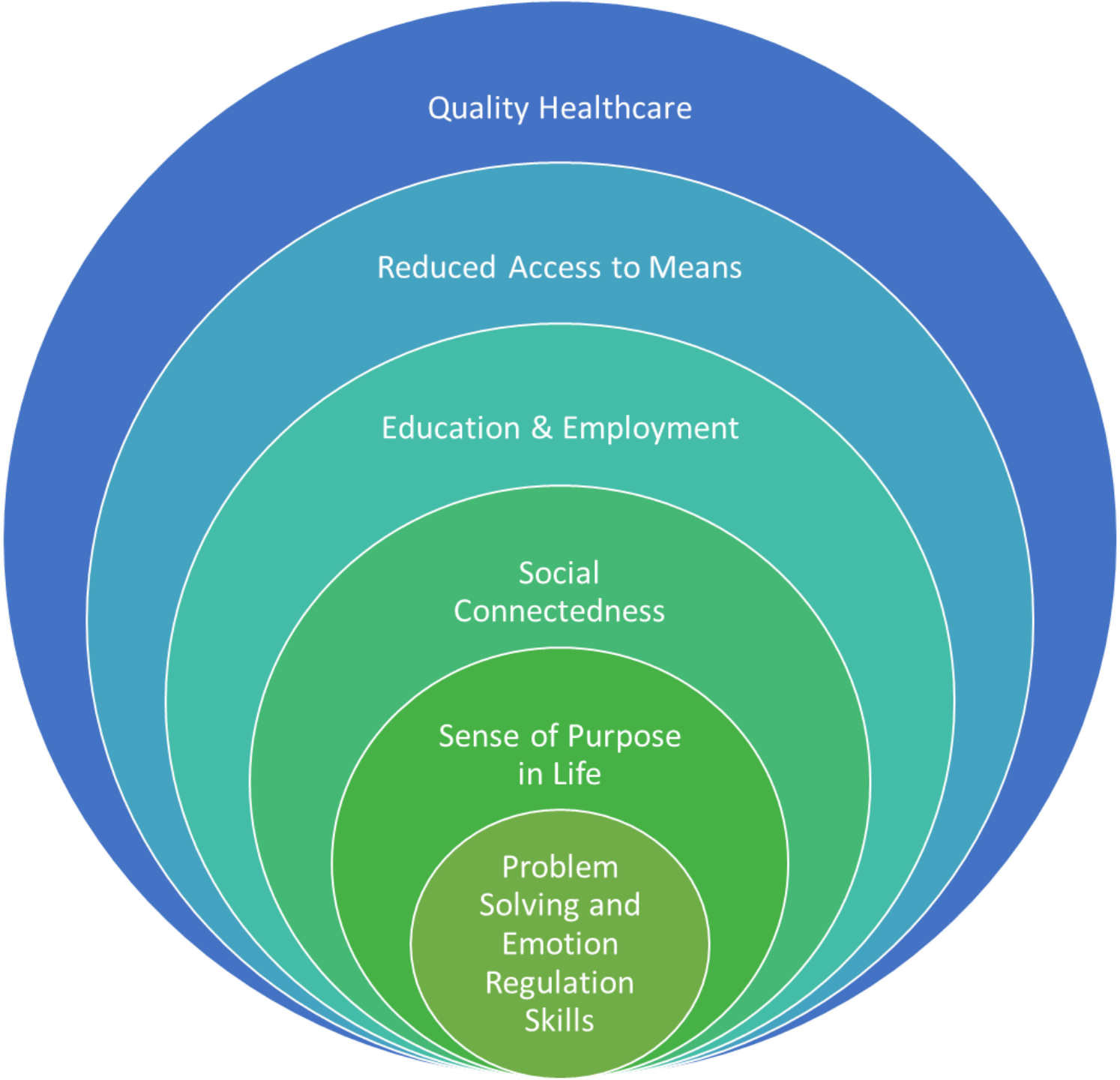
UNDERSTANDING SUICIDE



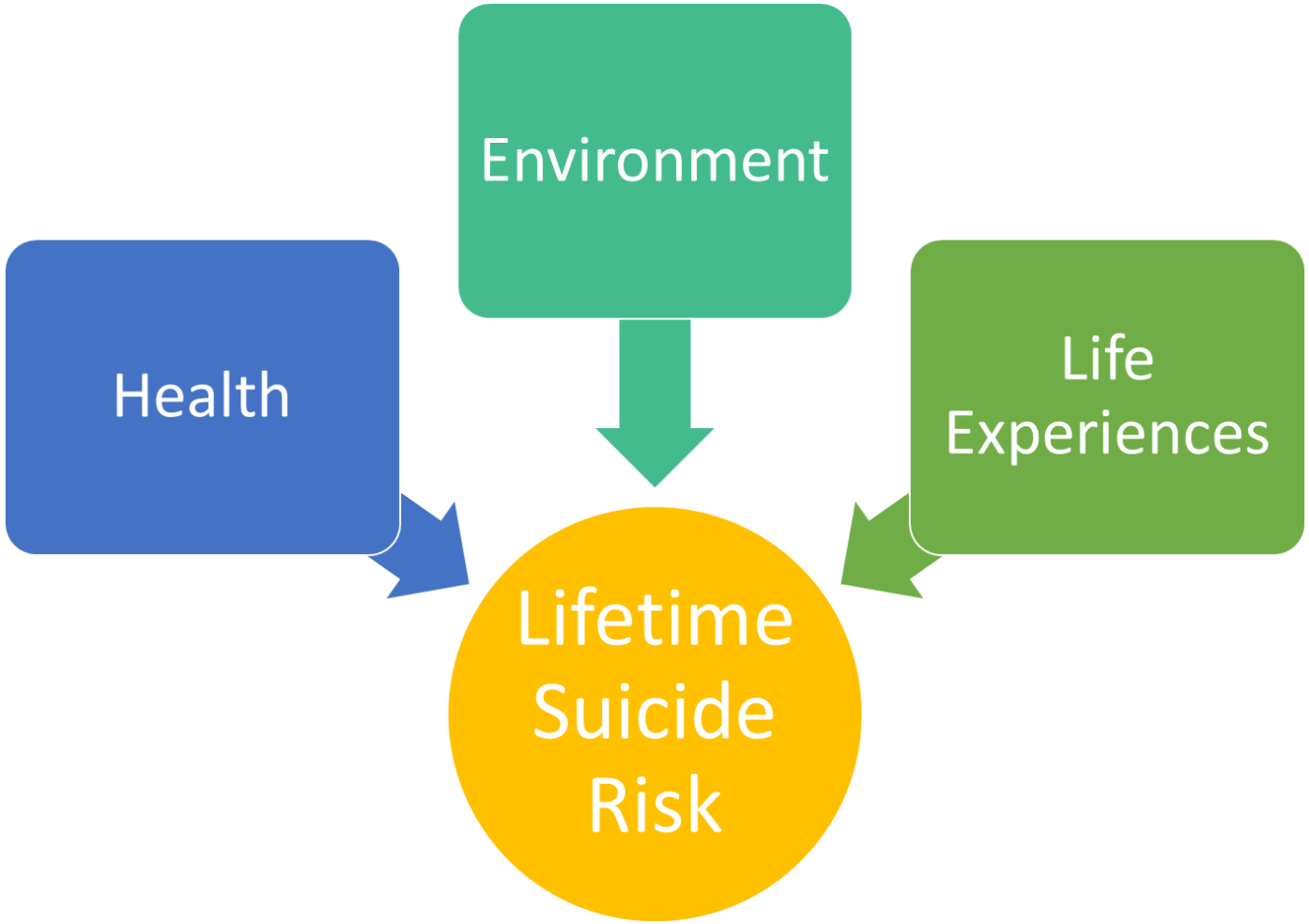
The good news is that most people who experience suicidal thoughts or even attempt suicide, do NOT go on to die by suicide.

Social support and effective treatment are key.

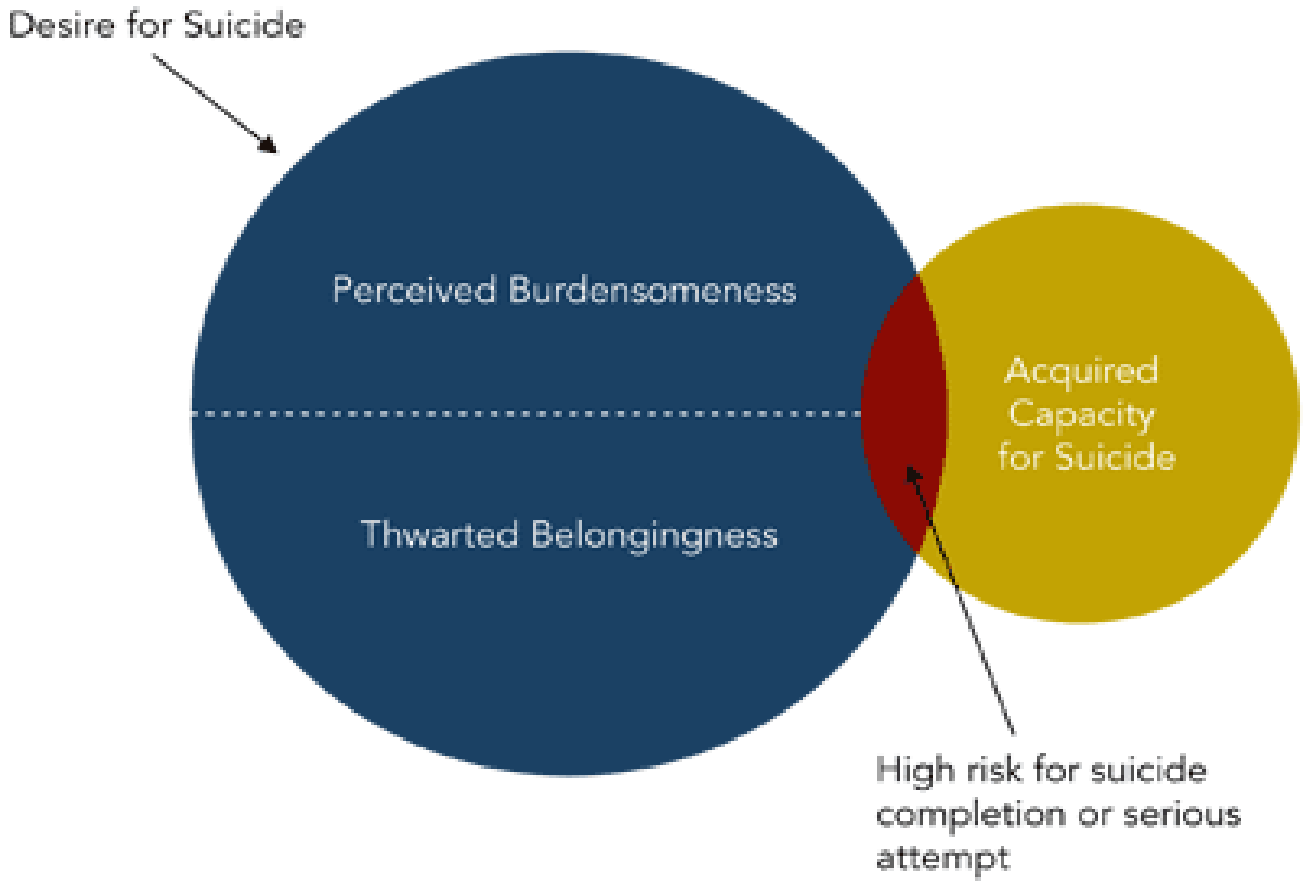
CIRCLES OF SUICIDE PROTECTION



CONTRIBUTORS TO SUICIDE RISK



SUICIDAL DESIRE, INTENT, & ACQUIRED CAPACITY



Joiner, T. (2005) Why People Die by Suicide. Cambridge, MA: Harvard University Press.

WARNING SIGNS FOR IMMEDIATE RISK

Said Out Loud

- "My family would be better off without me"
- "I just make things worse for everyone"
- "I just can't take it anymore"
- "What's the point? It will never get better"
- "I wish I could go to sleep and never wake up"
- "You don't need to worry about me anymore"
- "If _____ happens, I'll kill myself."

Observed

- Behaving recklessly- drunk driving, excessive spending
- Saying goodbyes or tying up loose ends
- Increasing alcohol or drug use
- Sleeping too little or too much
- Withdrawing
- Sudden unexplained calm or uplifted mood
- Giving away pets or possessions
- Seeking or researching methods of suicide

HOW TO ASK DIRECTLY ABOUT SUICIDE

Ask directly, in a manner that shows that suicidal thoughts are understandable in their circumstances.

"Sometimes people (in your situation) feel like they don't want to live anymore, or sometimes they think about killing themselves. Have you been having any thoughts like these?"

"You said that you are feeling like you 'can't handle it anymore'. When you say that, do you mean you are thinking about suicide?"

"With all of the stress and painful emotions you are describing to me, it would be understandable if you have had thoughts of ending your life. Have you had any thoughts like that?"

SCREENING FOR SUICIDE

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	**Past month**	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, *"I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan."* ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…and I would never go through with it."* ***Have you been thinking about how you might kill yourself?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicide Behavior Question ***"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***How long ago did you do any of these?*** • Over a year ago? • Between three months and a year ago? • Within the last three months?		

WHAT DO I SAY WHEN THE ANSWER IS YES?

"Thank you for being honest, I know this can be hard to talk about."

"I'm glad you told me. I think I might be able to help."

"It sounds like you are in a lot of pain, I'm sorry you are going through this."

LISTENING

How can it be powerful to take time to listen?

- It helps the person feel cared for
- It can help the person gain insight into their own thoughts
- It can give you clues of social supports, past coping or help seeking efforts, past suicide attempts, or current suicide planning

LISTENING

You may want to ask open ended questions, such as:

- How long have you been feeling this way?
- Will you tell me the story of how you got to this point?
- Can you tell me about the day you felt most suicidal- what was happening? What did you do to cope?

Give them time to talk without jumping to advice or problem solving.

Allow yourself time to take a breath and stay present with the person.


WHEN YOU CAN'T
LOOK ON THE
BRIGHT SIDE, I
WILL SIT WITH YOU
IN THE DARK

BASIC RISK ASSESSMENT

Ask about planning, means, and past suicide behaviors.

Have you thought about how you would end your life?

Do you have a plan for how you will end your life?

Do you have the items you would use to end your life?

How likely are you to carry out this plan?

Have you ever tried to kill yourself before?

CORE RISK AND PROTECTIVE FACTORS TO ADDRESS

- Psychiatric Disorders
- Suicidal Behaviors (including preparatory)
- Key Symptoms (eg Hopelessness)
- Family History
- Precipitating Events and Stressors
- Interpersonal Relationships
- Changes in treatment
- Access to firearms
- Ability to cope/skills to cope
- Beliefs against suicide
- Frustration tolerance
- Sense of responsibility to something else (eg children, pets, etc…)
- Positive therapeutic relationships
- Social supports

RECOGNIZE THE TENSION & GET ON THE SAME SIDE

Goal of the Person At Risk is to End Their Suffering

Goal of the Helper is to Keep the Person Alive & Calm Their Own Fears

INTRODUCTION TO SAFETY PLANNING

A Safety Plan is a brief intervention that can significantly reduce suicide attempts.

Compared to a contract for safety, those receiving a crisis response plan had a 76% reduction in suicide attempts at 6 month follow up. Crisis response planning was associated with significantly faster decline in suicide ideation ($F(3,195)=18.64$, $p<0.001$) and fewer inpatient hospitalization days ($F(1,82)=7.41$, $p<0.001$).

Bryan, Craig J et al. Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial. 2017. Journal of Affective Disorders , Volume 212 , 64 - 72.

INTRODUCTION TO SAFETY PLANNING

Rather than telling the person what NOT to do (act on their suicidal thoughts), a safety plan helps the person know what they CAN do to feel better and stay safe.

ELEMENTS OF A SAFETY PLAN

1. Three warning signs that a crisis may be developing (including thoughts, mood, situation, behavior)
2. Three Internal coping strategies- Things I can do to take my mind off my problems without contacting another person (i.e. relaxation techniques, exercise, uplifting music)
3. Four people and social settings that provide distraction (list names & places)
4. Three people I can ask for help and their phone numbers
5. Three to four professionals/agencies I can contact during a crisis (including clinician, SafeUT app, and Suicide Prevention Lifeline 1-800-273-TALK, emergency room, 911)
6. Reasons for living
7. Strategies to make the environment safe

STRATEGIES TO MAKE THE ENVIRONMENT SAFE

1. **Involve family members and social supports in making the environment safer.**
2. **Be sure to temporarily remove dangerous medications and firearms from the home even if they were not involved in the person's suicide plan. Firearms are the most lethal method of suicide attempt with very little chance for rescue.**

DISCUSS THE 4 CABINETS

Gun

Liquor

Medicine

Internet

WHY MEANS MATTER

IS YOUR SAFETY ON?

1. Suicidal crises are often brief.
2. The deadliness of an attempt depends in part on the method used.
3. 90% of those who attempt suicide and survive don’t go on to kill themselves.

STRATEGIES TO MAKE THE ENVIRONMENT SAFE

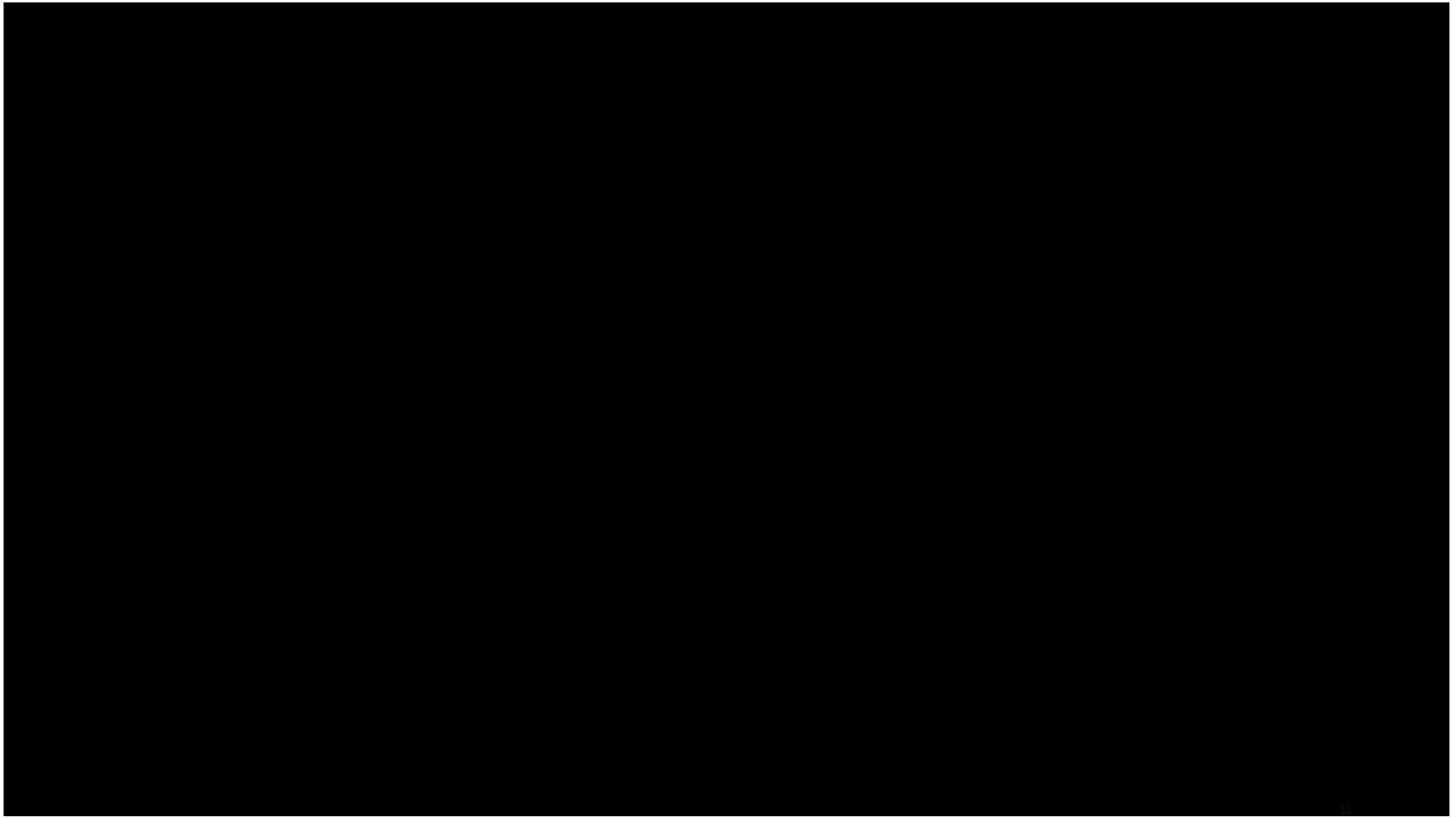
What strategies could we use to increase time and distance between the person and a firearm, if they are unwilling to remove them from the home?

What can we do if they need to continue taking medications that could be used in an overdose attempt?

Naloxone

REFERRAL RESOURCES

1. **Suicide Prevention Lifeline 1-800-273-TALK (8255)**
2. **SafeUT App**
3. Trevor Project Lifeline 1-866-488-7386 (24/7/365); text or chat online (7 days a week between 1 and 8 pm Mountain Time) 1-202-304-1200
4. 211
5. Local Mental Health Authority https://dsamh.utah.gov/mental-health/
6. NAMI Utah https://www.namiut.org/
7. American Foundation for Suicide Prevention https://afsp.org/



SKILLS FOR MANAGING DISTRESS AND SUICIDAL THOUGHTS

1. Back to basics- sleep, nutrition, hygiene, and physical activity
2. Mindful breathing
3. Grounding exercises for panic attacks or extreme distress
4. DBT Skill- Self Soothing with the Senses

CONNECTING TO CARE

As many as 70% of suicide attempters never attend their first outpatient appointment or maintain treatment for more than a few sessions (Appleby et al, 1999; Boyer et al, 2000).

FOLLOW UP.

1. Ask how they are doing
2. Check to see that steps were taken to make the environment safer
3. Ask if they are using their safety plan; ask what is working and what needs to be changed
4. Ask how the referral is going
5. Explain the purpose, benefits, and nature of treatment
6. Assist them in getting childcare, transportation, etc. if those are barriers to treatment

FOLLOW UP.

Sending caring texts or cards to say you are thinking about the person could be a life-saving intervention on it's own.

WHAT TREATMENTS ARE MOST EFFECTIVE?

Medication + Talk Therapy + Self Help + Supports

The most effective therapies to manage suicide risk are:

- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
- Collaborative Assessment and Management of Suicide (CAMS)

NEVER WORRY ALONE.

Make a plan right now of who you can debrief with and where you can turn for support.

Always connect to one of the person at risk's supports- therapist, family, friend, clergy, etc. to create a safety net around that person.

The person is responsible for *saving their own life*.

You are there to support them in doing that.

You represent ONE piece of a comprehensive safety net.

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